



Division of Workers' Compensation Arbitrator Application

Originating district office: _____

Name of applicant: _____

Date of law degree _____ Law school _____

California State Bar membership no./date of admission to the California Bar: _____

Mailing Address: _____

Work phone number _____ Other phone number _____ Fax number _____

Email Address: _____

QUALIFICATIONS PURSUANT TO LABOR CODE §5270.5(a): (check those that apply.)

- ____ Certified Workers' Compensation Specialist
____ Eligible to be Certified Workers' Compensation Specialist
____ 5 years experience as attorney
____ 50 Continuing Education Units in Workers' Compensation in last 5 years
____ Retired Workers' Compensation Judge
____ Retired Appeals Board member
____ Certified Workers' Compensation Pro-Tempore Judge

EXPERIENCE IN THE FIELD OF WORKERS' COMPENSATION YEARS

PRIMARY REPRESENTATION _____ APPLICANT _____ DEFENDANT
AREA OF AVAILABILITY: _____ STATEWIDE _____ NORTH ONLY _____ SOUTH ONLY
____ LIMITED AREA-SPECIFY BY DISTRICT OFFICE (CHECK ALL THAT APPLY)

North: __EUR __OAK __RDG __SAC __SAL __SFO __SJO __SRO __STK

South: __AHM __BAK __FRE __GOL __GRO __LBO __LAO __OXN __POM __RIV __SBR __SDO __ANA
__MON __VNO

I agree to abide by Code of Civil Procedure §170.6, and Labor Code §5270.5 (b), which states:

"No attorney shall be included in a panel if s/he has served as a judge in any proceeding involving the same case, or has represented, or whose firm has represented, any party in the same case."

Applicant's signature

STATE OF CALIFORNIA, County of _____ on this _____ day of _____ 20_____, before me, sworn, personally appeared _____ known to me to be or has established that s/he is the person whose name is subscribed to the within Instrument, and acknowledged to me s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.

Notary public in and for said county and state of California

Approved: _____
Administrative Director Date

Mail to:
Division of Workers' Compensation
Attn: Administrative Director
1515 Clay Street, 17th Floor
Oakland, CA 94612

September 2006